PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | 10/574359 | | | | |
|--|--|---|--------------------------------------|--|--------------------------|---------------------|-------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL ENT | TITY | OR | OTHER SMALL E | |
| U.S. NATIONAL STAGE FEES | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | | | | EXAM. FEE | 100 | 1 | EXAM. FEE | |
| SEARCH FEE | | | | | | SEARCH FEE | 200 | 1 | SEARCH FEE | 1 |
| FEE FOR EXTRA SPEC. PGS. | | | m | inus 100 = | / 50 = | X \$ 125 = | 10.02 | 1 | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 25 r | ninus 20 = * 5 | • | X \$ 25 = | 125 | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | | minus 3 = * | | X \$ 100 = | /^~ | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | + \$ 180 = | <u> </u> | OR | + \$ 360 = | |
| * If | the difference | in column 1 is | less than ze | ero, enter "0" in c | olumn 2 | TOTAL | 575 | OR | TOTAL | |
| AMENDMENT A | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | AMENDE | D - PART II (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | SMALL E | NTITY ADDI- TIONAL FEE | OR | OTHER SMALL E | |
| | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | 2 | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| - | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| * ** | If the "Highest N If the "Highest N | umber Previously Pa umber Previously Pa | aid For' IN THIS aid For' IN THIS | nn 2, write "0" in colur SPACE is less than ' SPACE is less than ' | '20', enter "20". | in the energiate to | | | | |